

**PATENT NUMBER**

50859

|                 |             |       |          |          |            |
|-----------------|-------------|-------|----------|----------|------------|
| APPLICATION NO. | CONT/PRIOR. | CLASS | SUBCLASS | ART UNIT | EXAMINER   |
|                 |             |       |          | 2165     | FADEE GART |

## APPLICANTS


**TITLE**

**Best Available Copy**

PTO-2040  
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| ISSUING CLASSIFICATION       |  |          |                    |                                   |  |  |  |  |  |  |  |
|------------------------------|--|----------|--------------------|-----------------------------------|--|--|--|--|--|--|--|
| ORIGINAL                     |  |          | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
|                              |  |          |                    |                                   |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |                    |                                   |  |  |  |  |  |  |  |
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|  <b>TERMINAL<br/>DISCLAIMER</b>     | <b>DRAWINGS</b>                         |             | <b>CLAIMS ALLOWED</b>                                |              |
|  | Sheets Drwg.                            | Figs. Drwg. | Print Fig.   | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.                       | _____ (Assistant Examiner) _____ (Date) |             | <b>NOTICE OF ALLOWANCE MAILED</b>                    |              |
|  |   |             | <b>ISSUE FEE</b><br>Amount Due _____ Date Paid _____ |              |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ | _____ (Primary Examiner) _____ (Date)   |             |  |              |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.                                |   |             | _____ (Legal Instruments Examiner) _____ (Date)      |              |

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